



**The Connecticut Society of Plastic Surgeons, Inc.**

Testimony on Behalf of the Connecticut Society of Plastic Surgeons  
Before the Insurance & Real Estate Committee  
In Opposition to  
SB 983, An Act Limiting Anticompetitive Health Care Practices  
February 21, 2023

This testimony is respectfully submitted on behalf of the member surgeons of the Connecticut Society of Plastic Surgeons in opposition to SB 983, An Act Limiting Anticompetitive Health Care Practices and in particular portions of the bill beginning with line 159 and beyond.

SB 983 addresses no current problem and therefore has no purpose. Our State already has our country's most progressive and stringent surprise billing protections in place that apply to both emergency and elective care. These legislative protections are in addition to those at the Federal level which provide additional, strong protection for our patients. As you know from previously submitted testimony, our hospitals are finding it increasingly difficult to find in-network physicians to cover their Emergency Rooms and clinics. The reimbursement is so low that most hospitals in our State currently must pay their on-call physicians simply to participate. While reimbursement is embarrassingly low it's not the Medicare rate which by Federal statute is the lowest allowed rate for reimbursement – a rate that is intended to provide care for our senior citizens and was never intended as a benchmark for our healthcare system. Currently both physicians and hospitals lose money for every Medicare patient. Paradoxically, by reducing or even eliminating competition in healthcare as a result of its fixed pricing, the bill will achieve the exact opposite of its title. After all, if all physicians are paid the same minimum wage, what incentive is there to provide better care to our patients? If out-of-network physicians lose money on every patient they treat why would they want to practice in Connecticut?

Recently, in-person testimony was provided by a Connecticut physician describing the case of a woman in our State who had her nose completely bitten off by a dog. No in-network physicians were available and she was told by her insurer that a physician assistant could manage the injury. Knowing that this was absurd and advocating for the patient, the emergency room doctor called an out-of-network physician to reconstruct her nose. The patient did beautifully and did not receive a bill because the carrier was required, under state law, to cover her expenses. This sort of drama is played out thousands of times each year across our state and SB 983 will make it significantly less likely that an out-of-network physician will care for a patient knowing they will be reimbursed at only the Medicare rate.

With the above in mind it's apparent that SB 983 will have several unintended, but unfortunate results. The first and most troubling, is a dramatic limitation of patient choice and access. Out-of-network physicians, particularly surgeons, tend to be the more highly trained, skilled and experienced providers. They commonly have unusual expertise in a particular clinical area or unusual skills in a highly complex procedure or procedures. (For example, surgeons who specialize in management of inflammatory bowel disease, joint replacement, spine surgery, treatment of complex cancers and **particularly in the area of breast reconstruction.**) Patients often travel great distances to access these providers and it's

most certainly in our best interest to have these types of physicians within our State and these out-of-network providers simply cannot fiscally survive exclusively on Medicare rates. If I needed a complex surgical procedure and I chose a particular physician with a clear understanding that he or she was out-of-network, why would you deny me this right? Would you deny a woman with breast cancer the opportunity to make herself whole again with an autologous breast reconstruction? Those who can afford care will simply drive across state lines to New York, Massachusetts or Rhode Island to find qualified physicians but unfortunately the indigent, the undocumented, the uninsured and the working poor will lose access to this high-quality care when they need it most.

Clearly many citizens of our State agree that competition from out-of-network physicians promotes high quality care. As just one personal example I am in solo practice and I have been largely an out-of-network physician for over 20 years – and yet I currently have over 19,000 patients in my EMR system. My practice currently employs five individuals, three of whom earn over \$80,000 yearly, plus we offer full health insurance and participation in a pension plan at no cost whatsoever to the employee. SB 983 will result in the loss of good, high paying jobs such as these.

A final and undisputable consequence of SB 983 will be a spectacular, undeserved financial windfall for health insurance carriers. Given that the majority of these companies have no ties to our State it's hard to understand the logic of this. The full year operating earnings for United HealthCare in 2022 was 14.4 billion, up 2.4 billion from the prior year and I need not remind you about the article about their five corporate jets.

While the health insurance companies will be the winners, the burden for SB 983 will fall upon our patients, particularly the underserved and underinsured, as well as the thousands of dedicated people working in healthcare in our State. Freedom of physician choice will be lost, access will be denied, good, high paying jobs will be lost, hospitals will have more difficulty providing emergency and clinic care and quality will suffer – but on a positive note, perhaps United HealthCare will be able to purchase another private jet.

Respectfully submitted,

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